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Examiner Robert Clinton Hayes	US PTO		703-872-9306

From: DANIEL KASTEN

Date: APRIL 6, 2004

**Message:**  
**APPLICATION NO:** JOHNSON ET AL.  
**SERIAL NO:** 09/474,980  
**FILED:** 12/29/1999  
**FOR:** PERSEPHIN AND RELATED GROWTH FACTORS  
**GROUP NO:** 1647  
**ATTY.DOCKET:** 56029/2668  
**EXAMINER:** ROBERT CLINTON HAYES

Atty/Client/Matter No.: 3067/56029/2668

Total Number of Pages, including this page: 89

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PTO/SB/21 (08-00)

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**TRANSMITTAL****FORM***(to be used for all correspondence after initial filing)*

<b>TRANSMITTAL FORM (to be used for all correspondence after initial filing)</b>		Application Number	09/474,980
		Filing Date	12/29/99
		First Named Inventor	Johnson et al.
		Group Art Unit	1647
		Examiner Name	Robert Clinton Hayes
Total Number of Pages in This Submission	1	Attorney Docket No.	56029/2668

**ENCLOSURES (check all that apply)**

Charge Deposit Account -20-0823  
 Fee Attached

Amendment / Response

Affidavits/declarations(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Response to Missing Parts Incomplete Application

Response to Missing Parts under 37 CFR 1.52 or 1.53

Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b))

Assignment Papers (for an Application)  
 Drawing(s)  
 Licensing-related Papers  
 Petition  
 Petition to Convert to a Provisional Application  
 Power of Attorney, Revocation Change of Correspondence Address  
 Terminal Disclaimer  
 Request for Refund  
 CD, Number of CD(s)

After Allowance Communication to Group  
 Appeal Communication to Board of Appeals and Interferences  
 Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  
 Proprietary Information  
 Status Letter  
 Request To Rescind Previous Nonpublication Request  
 Response to Notice of Allowability  
 Other Enclosure(s) (please identify below):

Remarks:

Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 20-0823. I have enclosed a duplicate copy of this sheet

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Daniel S. Kasten C/O Thompson Coburn LLP, One US Bank Plaza, St. Louis, MO 63101		
Signature			
Date	April 6, 2004		

**CERTIFICATE OF FACSIMILE**

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